Colorado Department of Labor and Employment, Unemployment Insurance Employer Services
P.O. Box 8789, Denver, CO 80201-8789
Phone 303-318-9100 (Denver-metro area) or 1-800-480-8299 (outside Denver-metro area); Fax 303-318-9206
www.colorado.gov/cdle/ui

## REQUEST FOR SEASONAL STATUS

Fill out this form to request to be a seasonal employer for unemployment purposes. Send it to the address or fax number at the top of the form.

*Seasonal* means that your whole business or occupations within your business work less than 26 weeks in a calendar year. The time includes Saturdays and Sundays.

We use the law to make our decision on whether you can be a seasonal employer. We must decide if you can be a seasonal employer for all of your business or for occupations within your business. See the Colorado Employment Security Act 8-73-106 and the Regulations Concerning Employment Security Part X.

We must tell you that you are a seasonal employer **before your season begins**. If we have not told you before the season begins, you must wait until the start of your next season to be a seasonal employer.

Your Owner Name (Your legal name as listed with the Secretary of State)		Your Employer Account Number		
Your Trade Name	Your Trade Name Telephone Number		mber	
Street Address	City	State	ZIP Code	
Fill o	out this section if your mailing address is different from	om what you wrote abov	re.	
In Care of Name				
Mailing Address	City	State	ZIP Code	
REQUIREMENTS				
To be a seasonal employe	er, you must meet these requirements:			
All your workers	s in your entire business or in each seasonal occupation	ion must work less than	26 weeks.	
• You must have a	at least 45 days in a row during which the workers do	o not work in the season	al occupation.	
Not more than a outside the season	25 percent of all the workers in your entire busine on.	ess or in each seasonal	occupation can work	
INSTRUCTIONS				
If you want your entire bu	usiness operation to be seasonal, fill out only Items 1	and 2. Turn the form of	over and sign it.	
If you want occupations v	within your business to be seasonal, fill out the whole	e form. Remember to si	ign it on the back.	
Please type all dates as m	m/dd/yyyy.			
1. In what calendar year	do you want to be a seasonal employer?			
2. Does your entire busin	ness work for less than 26 weeks during the calendar	r year?		
	r business's first and last dates for your seasonal p st the first and last days for each season.	periods. If you have mo	ore than one seasonal	
First date for the	e first season			
Last date for the	first season			
First date for the	e second season (if you have one)			
Last date for the second season (if you have one)				
☐ No. Fill out Item	as <b>3</b> and <b>4</b> .			

## OCCUPATIONS WITHIN YOUR BUSINESS

Within your business, you may have more than one occupation. Workers in each of those occupations perform different work from workers in other occupations. You may request seasonal status for one or more of those occupations.

For **each occupation**, we need to know that:

- All workers in the occupation work less than 26 weeks.
- You have at least 45 days in a row during which the workers do not work in the seasonal occupation.
- Not more than 25 percent of all workers in the occupation work outside the season.

Please figure out if each occupation meets all three requirements. If an occupation meets all three requirements, please fill out Item 3. If an occupation does not meet all requirements, please fill out Item 4.

If you do not have enough room to list all seasonal occupations on this form, you may photocopy this page to list more occupations. You may also send us a typed spreadsheet with the information.

- 3. Fill out this section for all occupations that meet all the seasonal requirements (less than 26 weeks; 45 days between seasons; no more than 25 percent of workers working outside the season).
  - **Title**: Fill in the name of each occupation.
  - **Seasonal Periods**: Fill in the first and last dates of the occupation's season. Also fill in the total number of seasonal workers you will have during that season. Remember that you may have more than one season. List each season separately.
  - Nonseasonal Periods: Fill in the first and last dates of the occupation's off-season. Also fill in the total number of workers you will have during that time. Remember that no more than 25 percent of the workers in the occupation can work during the off-season. If more than 25 percent work during the off-season, list that occupation Item 4.

	Seasonal Periods		Nonseasonal Period			
Title	First Date	Last Date	Number of Workers	First Date	Last Date	Number of Workers

- 4. Fill out this section if one or more of your occupations do not meet all the seasonal requirements (less than 26 weeks; 45 days between seasons; no more than 25 percent of workers working outside the season). Tell us about all occupations that are not in Item 3.
  - **Title**: Fill in the name of each occupation.
  - **Job Duties**: Describe what the workers do.

Title	Job Duties

The information provided is true, correct, and complete to the best of my knowledge and belief. I understand there are				
severe penalties, including fines and jail, for not telling the truth.				
Signature			Date	